PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number   Filing Dal   07/09/20				To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR N			JMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	CFR 1.16(i)		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	the specification and drawin neets of paper, the applicatio \$250 (\$125 for small entity) dditional 50 sheets or fraction 5 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									<u> </u>	J	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	12/05/2003	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 20	Minus	<b> 20</b>		= 0		x \$ =		OR	X \$18=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	***3		= 0		x \$ =		OR	X \$86=	0	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Colur		(Column 3)							
AMENDMENT	03/28/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	· 20	Minus	<b> 20</b>		= 0		x \$ =		OR	X \$50 =	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3		= 0		x \$ =		OR	X \$200 =	0	
	Application Size Fee (37 CFR 1.16(s))									]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For "In THIS SPACE is less than 2, enter "2".  **If the "Highest Number Previously Paid For "In THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life list of the processory and application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This collection is estimated to take 92 annuals to complete a position form to the USPTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CERT information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandrias, VA 22313-1450.